

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO

10/581509

**FILING DATE**

## **CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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24						
25						
26	1					
27		1				
28		1	1			
29		1	1			
30		1	1			
31		1				
32		1				
33		1				
34		1				
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36	1					
37	1					
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39	1					
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41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	5					
TOTAL DEP.	20					
TOTAL CLAIMS	25					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						